



MOBILE FOOD UNIT AGREEMENT FORM

☐ **COMMISSARY**

☐ **SERVICING AREA**

I, _____, owner of _____,
Commissary/Servicing Area Owner's Name **Commissary/Servicing Area Business Name**

located at _____,
Commissary/Servicing Area Address

agree to allow _____, _____,
Name of Mobile Food Unit **Owner of Mobile Food Unit**

Use of my facility as his/her commissary or servicing area and I understand the cart will return to my facility for servicing on a daily basis. I acknowledge that it is my responsibility to notify the Metro Public Health Department if the owner/ operator of the Mobile Food Unit fails to comply with this agreement.

Signature of Commissary/Servicing Area Owner

Phone

Date

Signature of Mobile Food Unit Owner

Phone

Date

SIGNED, SEALED AND DELIVERED, THIS _____ DAY OF _____, 20____,

IN THE PRESENCE OF: _____,
Signature of Notary **Date**

NOTARY PUBLIC
STATE OF TENNESSEE
COUNTY OF DAVIDSON

Official Use Only

Mobile Food Unit Name _____

Address _____

Permit # _____

Rev 02/22